



## PRE-ADOPTIVE AND FOSTER FAMILY CARE LICENSE FINANCIAL STATEMENT

### PERSONAL INFORMATION

**Applicant #1:** \_\_\_\_\_  
*Last Name* *First* *Middle*

**Applicant #2:** \_\_\_\_\_  
*Last Name* *First* *Middle*

**Address:** \_\_\_\_\_  
*Street* *City* *State* *Zip*

### GROSS MONTHLY INCOME

Base Pay from Salary, Wages	\$
Overtime, Shift Differential	\$
Commissions, Tips, Bonuses	\$
Self-Employment Income	\$
Part-Time Employment Income	\$
Income From Trusts or Annuities	\$
Pension and Retirement Benefits	\$
Rental Income	\$
Social Security Benefits (SSA)	\$
Other Income:	\$
<b>SUBTOTAL:</b>	\$

### TEMPORARY INCOME/MISCELLANEOUS

AFDC	\$
TANF	\$
Food Stamps	\$
Fuel Assistance	\$
Disability, Unemployment Insurance	\$
Worker's Compensation	\$
Child Support	\$
Other Temporary Income	\$
<b>TOTAL MONTHLY INCOME</b>	\$

### MONTHLY EXPENSES

Rent/Mortgage Payment	\$
Property Tax	\$
Condo/Homeowner's Association Fee	\$
Electricity	\$
Water/Sewer	\$
Heat (Type: _____ )	\$
Cable/Cell Phone/Phone/Internet	\$
Homeowners/Renter Insurance	\$
Life/Disability Insurance	\$
Medical/Dental Insurance	\$
Medical/Dental Bills (not covered by insurance)	\$
Vehicle Insurance	\$
Car/Truck Payments	\$
Transportation (Maintenance/gas/oil etc.)	\$
Food (Home/Restaurant)	\$
Clothing	\$
Dues and Memberships	\$
Child Care Expenses	\$
Loan Payments (Bank, Credit Cards, etc.)	\$
Other Expenses	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$

**ASSETS**

Savings ( <i>IRA, 401K etc.</i> )	\$
Bank Accounts	\$
<b>TOTAL ASSETS</b>	\$

I certify that my income, assets, and expenses as stated herein are true to the best of my knowledge and belief. I have carefully read this financial statement.

\_\_\_\_\_  
*Applicant #1 Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant #2 Signature*

\_\_\_\_\_  
*Date*